Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENS

JN FOR MARK	IAGE	LICE
Floyd		Count

Ε	File _	114/97
	0	Date of Application
	No D	Yes □/

_____Circuit Court

FLOYD

339

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50	No 🛭	Yes 🗆
If No, Medical Examination of	or Report Dated	$d \chi / 4/4 /$
Name of Physician	sowman,	MIL

Name 7First Middle Dast 101	Name / First / Middle / Last
	ANDRES (Prus
Place of Birth Month Day Year Place of Birth (State or foreign equntry)	
Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) Residence Address Street or R.R. City County // State Claud D
38158 Ha Weed Dr EVERGARD SETTERSON	1410 FOX KIM CT DEW FILMU, FUGU, I
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1994	Last Marriage Ended By: Death □ Divorce □ Annulment □ Date
Date of birth verified by: Birth Certificate bother (Specify) New Mexico Driver's Canse	Date of birth verified by: Birth Certificate Dother (Specify) Dr. ver 15 License
1. Are you now or have you ever been adjudged to be of unsound mind? No the Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 1 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No by Yes □
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No 💆 Yes □	4. Are you now under the influence of a narcotic drug? No ☐ ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father <u>Theodore H. Reynolds</u>	6. (a) Full name of applicant's father Tekky R. Crass
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Colorado	Residence of father (if deceased, so state)———————————————————————————————————
Birthplace of father (State or foreign country) (1011-1010) (b) Full maiden name of applicant's mother (2014) A. Peterson	Birthplace of father (State or foreign country) <u>L'ICCCOTA</u> (b) Full maiden name of applicant's mother <u>JOCMA M. Kemp.</u>
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sex@ally transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Dougla B. Prepulate 0/14/97	Signature of Applicant Date
Signature of Applicant Date The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this day of Allow 1997	State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Lay day of Lay 1997
Setty Hamman Clerk of the Floyd Circuit Court	Betty . Howard Clerk of the Hoyd Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)) ss:
) ss: County of)	County of)
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me this day of 19 Clerk	Subscribed and sworn to before me this day of 19 Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issuede issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the	SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court ofFLOYDCounty, Indiana UGLAS B. REYNOLDS andCANDACE S. CREWS
I further certify that the following marriage certificate was filed in my	office:
I, REV. WILSON W. WATERS (name), certify that FLOYD County Indiana DOUGLAS REYNOL	t on9-6-97 (date); atNEW_ALBANY ii DS_of_JEFFERSONCOUNTY,COLORADO
(state), and <u>CANDACE CREWS</u> of <u>FLOYD</u> authorized under a marriage license that was issued by the Clerk of	County,INDIANA (state) were married by me as f the Circuit Court ofFLOYD County, Indiana, dated
8-14-97 REV. WILSON W. WATERS, ORDAINED M	INISTER_ (official designation)
Filed and recorded in accordance with the laws of the State of Indiana of	
r Hea and recorded in accordance with the laws of the State of Indiana of	
	Signed BETTY J. HAMMOND Cleri